



Vaccine Return

(State-supplied vaccines only)

Alaska Department of Health and Social Services
Epidemiology Vaccine Depot
9210 Vanguard Drive - Suite 102A
Anchorage, Alaska 99507

Telephone: (907) 341-2202

Fax: (907) 341-2228

Facility Name: _____ Facility PIN: _____ Address: _____ City: _____ Phone: _____		Return Codes: 3 - Spoiled (e.g., door left open, vaccine left out, wrong diluent) 4 - Expired 5 - Lost or damaged in transit <u>from</u> your facility 6 - Failure to store properly upon receipt 7 - Refrigerator failure (e.g., mechanical problem, power outage)			
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Vaccine	Return Code	Lot #	# of Doses	Cost per Dose*	Total \$
DT (pediatric)				\$27.56	
DTaP (pediatric)				\$13.75	
DTaP/Hepatitis B/IPV (combination)				\$48.75	
Hepatitis A (pediatric)				\$12.75	
Hepatitis B (pediatric)				\$10.00	
Hib (<i>Haemophilus influenzae</i> type b)				\$11.29	
HPV4 (Human papillomavirus)				\$105.58	
Influenza (injectable)				\$9.09	
Influenza (pediatric preservative free)				\$11.05	
Influenza (nasal mist)				\$15.25	
IPV (Inactivated poliovirus)				\$11.51	
MCV4 (Meningococcal conjugate)				\$80.13	
MMR				\$18.30	
PCV7 (Pneumococcal conjugate)				\$71.04	
PPSV23 (Pneumococcal polysaccharide)				\$16.26	
RV5 (Rotavirus)				\$57.20	
Td (adult)				\$18.17	
Tdap (adult)				\$30.75	
Varicella				\$64.53	
Other:					
Total Loss:			#		\$

Person Completing Form (Print) _____ Date _____

Signature of Enrolling Provider _____ Date _____

*Cost per dose according to the federal contract dated 04/09

I am the enrolling provider for this facility and have reviewed this completed form.